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Inside Child Care

Winter 1999/2000

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CHILD CARE LICENSING UNIT HIRES NEW STAFF

This is to announce that Anita Smith has taken the Child Care Home Licensing consultant's position previously held by Stephanie Gardner. Anita began her duties with the bureau on November 29, 1999. Please help us welcome Anita to her new position with licensing.

Listed below are the Division of Family and Children staff and contractors for Child Care Home Licensing.

CONTRACTORS

Abrell, Margaret
Allen, Vickie
Bieghler, Alisa
Bowen, Teresa
Coonce, Elizabeth
Canaanite Home
Dick, Elizabeth
Foster Care Services
Goecker, Marsha
Harper, Nancy
Kalil, Vicki
Piper, Barbara
Pogue, Marianne
Pursell, Vickie
Sater, Erin
Simpson, Deborah
Snodgrass, Roxanne
Villages of Indiana
Zimmerman, Laura

DFC STAFF

Asch, Tracy
Berry, Jennifer
Conrad, Carol
Duff, Kim
LaFuse, Terry
Leazenby, Leeann
Magers, Carrie
Miller, Alicia
Overby, Christine
Reeser, Cynthia
Robey, Sandy
Schemmer, Murray
Scherer, Dorothy
Smith, Rhonda
Stofick, Stephen
Tsakkos, Jenny
Wadsworth, Richard
Wingard, Cathy
Yakimicki, Sarah

We also welcome the following Child Care Center licensing staff:

Borglum, Sherry
North Central Indiana
Graham, Nancy
Northwest Indiana
Kumfer, Beth
Northeast Indiana

IN THIS ISSUE:

Parent Helpline
1-888-463-5473
Provider Information
1-877-511-1144
Institutional Abuse Hotline
1-800-562-2407

State of Indiana • Frank O'Bannon, Governor • Division of Family & Children • Bureau of Child Development

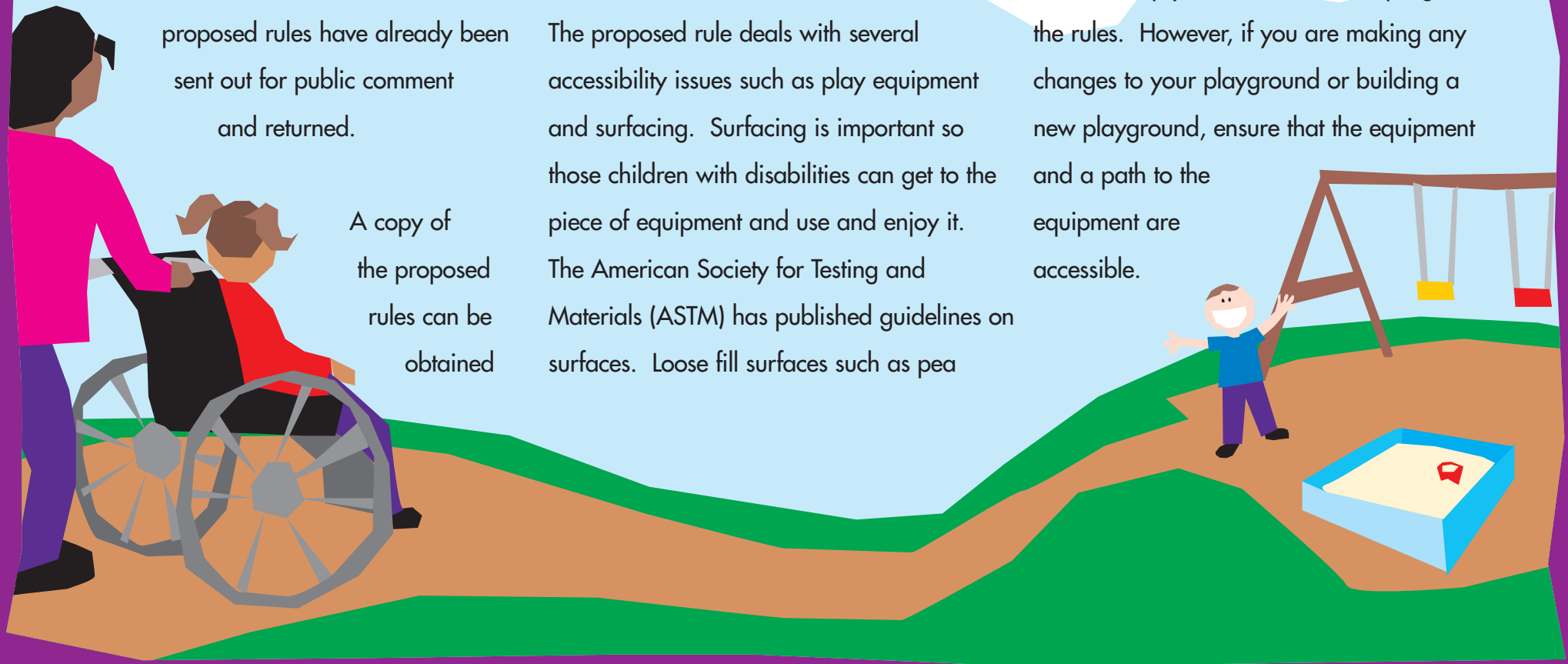
IS YOUR PLAYGROUND ADA ACCESSIBLE?

On April 30, 1998, proposed rules for playground accessibility were published in the Federal Register. The final rule has not been published as of this time. According to Peggy Greenwell, Federal Office of Technology and Information Services of the Architectural and Transportation Department, the rules will be final in 2000. The proposed rules have already been sent out for public comment and returned.

A copy of the proposed rules can be obtained from the Federal Register Volume 63, Number 83, April 30, 1998. This section is Part VIII of the Architectural and Transportation Barriers compliance of 36 CFR Part 1191 of the Americans with Disabilities Act Accessibility Guideline; Play Areas; Proposed Rule.

The proposed rule deals with several accessibility issues such as play equipment and surfacing. Surfacing is important so those children with disabilities can get to the piece of equipment and use and enjoy it. The American Society for Testing and Materials (ASTM) has published guidelines on surfaces. Loose fill surfaces such as pea gravel, sand, and wood mulch are not accessible. However, the synthetic wood fibers did pass the test for accessibility. The proposed rule does not require that the entire playground be accessible, just a path for the child to get to the equipment.

We will keep you informed on the progress of the rules. However, if you are making any changes to your playground or building a new playground, ensure that the equipment and a path to the equipment are accessible.



TOYS FOR CHILDREN WITH SPECIAL NEEDS

Toys are props used in play by all children. Play is valuable for development of physical, cognitive, social and emotional skills. When choosing toys for a child with special needs it may not be necessary to have specially designed or modified toys. Toys may be used in different ways by each child or even each use by the same child. A child may need help adapting the use of toys with his/her needs.

Allow children to use their imagination to develop ways to enhance play.

- Purchase open-ended toys that can be used in many ways (such as dolls, car sets, art supplies).
- Too many toys may be overwhelming to children.
- Organize play area using boxes or bins. Bins can be exchanged periodically making "old toys" seem new with new potential for the child who has matured since the first use of the toys.
- Have an "all done bin" where children place the toy when finished playing with it. Once in the bin, the toys cannot be selected until the next play session. This will encourage children to play with toys for a longer time and helps with clean up time also.

MEDICATIONS, INJECTIONS AND MEDICAL PROCEDURES FOR CHILDREN WITH SPECIAL NEEDS

All medications and procedures must be administered or performed as prescribed by the child's physician. Be sure you have specific written instructions.

If injections are required, the following procedures are needed:

- Wash hands and wear medical gloves.
- **Never recap** needles.
- Obtain a sharps container from a hospital or medical supply company.
- Discard all syringes and needles in the sharps container immediately after use.
- Sharps containers (when full) can be disposed of by taking them to a hospital or local health department. **They may not go into the regular trash.**

Staff must report a "needle stick" accident immediately to the Director and follow procedures in your Exposure Control Plan. Be sure staff are trained in proper techniques and universal precautions and are knowledgeable regarding your facility's Bloodborne Exposure Control Plan. For more information or to obtain a copy of a Sample Exposure Control Plan, call the Provider Information Line at 1-877-511-1144.

CHILDREN WITH SPECIAL NEEDS: CARING FOR A DIAPERED, OLDER CHILD IN DAY CARE

Children of any age may require diapering due to their special needs.

YOU CAN SERVE THESE CHILDREN!

A center licensed for children three years and older that does not have diapering facilities may care for a diapered older child. However, a center licensed for 31 months or older whose policy does **not accept** diapered two-year-olds, cannot accept a two-year-old that is not potty trained. If this center wishes to add diapered twos to their license they should contact their licensing consultant. This center may accept a child over three years old in diapers. Any center that has older children in diapers or pull-ups should follow the guidelines below.

1. **Where:** Since the child is older, the diapering process should be done in a private area that is in close proximity (within 10 feet) to a handwashing lavatory.
2. **Procedure:** Use the same skin care procedure approved by your consulting physician for your younger children (or call Child Care Information Line (1-877-511-1144) to obtain suggested procedures from the Child Care Health Section.
3. **Equipment:** Use designated, sanitizable table or cot which is not used for any other purpose. This cot must be stored away from children when not in use. The cot or table must be sanitized with a 1:9 bleach solution after each use. **Note:** Regulations require that groups be kept separate. The twos', toddlers' or infants' diaper changing table or their room or area may not be used to change diapers for children not in their group.
4. Soiled diapers or pull-ups must be placed in a tightly lidded container that is emptied daily.
5. The child may stand for this procedure if it accommodates both the child and caregiver.
6. Caregivers must wash hands before and after procedure.

Remember: All diapers or pull-ups must be brought to the center in an unopened original container.

REVIEW QUESTIONS CONCERNING CHILD WITH SPECIAL NEEDS

Q. Our site has a policy that we will not give medication to any child? Can I refuse to give medication to a child with a disability?

A. No. In some circumstances, it may be necessary to give medication to a child with a disability in order to make a program accessible to that child. While some state laws may differ, generally speaking, as long as reasonable care is used in following the doctors' and parents' or guardians written instructions about administering medication, sites should not be held liable for any resulting problems. Providers, parents, and guardians are urged to consult professionals in their state whenever liability questions arise.

Q. We diaper young children, but we have a policy that we will not accept children more than three years of age who need diapering. Can we reject children older than three who need diapering because of a disability?

A. Generally, no. Centers that provide personal services such as diapering or toileting assistance for young children must reasonably modify their policies and provide diapering services for older children who need it due to a disability. Generally speaking, sites that diaper infants should diaper older children with disabilities when they would not have to leave other children unattended to do so.

Sites must also provide diapering services to young children with disabilities who may need it more often than others their age.

Some children will need assistance in transferring to and from the toilet because of mobility or coordination problems. Sites should not consider this type of assistance to be a "personal service."

Q. We do not normally diaper children of any age who are not toilet trained. Do we still have to help older children who need diapering or toileting assistance due to a disability?

A. It depends. To determine when it is a reasonable modification to provide diapering for an older child who needs diapering because of a disability and a site does not normally provide diapering, the site should consider factors including, but not limited to, (1) whether other non-disabled children are young enough to need intermittent toileting assistance when, for instance, they have accidents; (2) whether providing toileting assistance or diapering on a regular basis would require a child care provider to leave other children unattended; and (3) whether the site would have to purchase diapering tables or other equipment.

If the program never provides toileting assistance to any child, however, then such a personal service would not be required for a child with a disability. Please keep in mind that even in these circumstances, the child could not be excluded from the program because he or she was not toilet trained if the center can make other arrangements, such as having a parent or personal assistant come and do the diapering.

Q. Can we exclude children with HIV or AIDS from our program to protect other children and employees?

A. No. Sites cannot exclude a child solely because he has HIV or AIDS. According to the vast weight of scientific authority, HIV/AIDS cannot be easily transmitted during the types of incidental contact that take place in child care facilities. Children with HIV or AIDS generally can be safely integrated into all activities of a child care program. Universal precautions, such as wearing latex gloves, should be used whenever caregivers come into contact with children's blood or bodily fluids, such as when they are cleaning and bandaging playground wounds. This applies to the care of all children, whether or not they are known to have disabilities.

Q. May we charge more for children with special needs?

A. No! Federal law under the ADA prohibits providers from charging a higher rate for special needs child care.

Q. Must we admit children with mental retardation and include them in all site activities?

A. Sites cannot generally exclude a child just because he or she has mental retardation. The site must take reasonable steps to integrate that child into every activity provided to others. If other children are included in group sings or on playground expeditions, children with disabilities should be included as well. Segregating children with disabilities is not acceptable under the ADA.

Q. What about children who have severe, sometimes life-threatening allergies to bee stings or certain foods? Do we have to take them?

A. Generally, yes. Children cannot be excluded on the sole basis that they have been identified as having severe allergies to bee stings or certain foods. A center needs to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called "epinephrine" that will be provided in advance by the child's parents or guardians.

Q. What about children with diabetes? Do we have to admit them to our program? If we do, do we have to test their blood sugar levels?

A. Generally, yes. Children with diabetes can usually be integrated into a child care program without fundamentally altering it, so they should not be excluded from the program on the basis of their diabetes. Providers should obtain written authorization from the child's parents or guardians and physician and follow their directions for simple diabetes-related care. In most instances, they will authorize the provider to monitor the child's blood sugar — or "blood glucose" — levels before lunch and whenever the child appears to be having certain easy-to-recognize symptoms of a low blood sugar incident. While the process may seem uncomfortable or even frightening to those unfamiliar with it, monitoring a child's blood sugar is easy to do with minimal training and takes only a minute or two. Once the caregiver has the blood sugar level, he or she must take whatever simple actions have been recommended by the child's parents or guardians and doctor, such as giving the child some fruit juice if the child's blood sugar level is low. The child's parents or guardians are responsible for providing all appropriate testing equipment, training, and special food necessary for the child.

Q. Do we have to help children take off and put on their leg braces and provide similar types of assistance to children with mobility impairments?

A. Generally, yes. Some children with mobility impairments may need assistance in taking off and putting on leg or foot braces during the child care day. As long as doing so would not be too time consuming that other children would have to be left unattended, or so complicated that it can only be done by licensed health care professionals, it would be a reasonable modification to provide such assistance.

(Questions and Answers from U.S. Department of Justice, Civil Rights Division, Disability Rights Section)

Note: For clarity "site" has been substituted for "center" in the above questions. The original document defined "center" as all child care providers regardless of size and number of employees.

GUEST EDITORIAL

BY RIC EDWARDS

Ric Edwards is the Chairperson of the State's ADA Steering Committee and Personnel Officer in Human Resources.

CHILD CARE CENTERS AND THE ADA

Do we have to take children with AIDS? Does the center have to be accessible to children in wheelchairs? Do children with disabilities have to be admitted before those without disabilities?

Privately run child care centers – like other public accommodations such as private schools, restaurants, movie theaters and banks – must comply with Title III of the Americans with Disabilities Act (ADA). Child care services provided by State and local government agencies, such as Head Start or extended school day programs, must comply with Title II of the ADA. Both Titles govern how the child care center interacts with children, parents, guardians and potential customers.

The ADA requires an equal opportunity for children with disabilities that includes providing a reasonable modification to the program unless the center can show there is an undue hardship to providing the modification. In some instances this may include administering medication, helping with transfers from wheelchair to toilet and providing individualized attention.

To learn about your obligations under the law, or to find out more about the ADA, you may call the Great Lakes Disability and Business Technical Assistance Center at 1-800-949-4232, the Department of Justice ADA Information Line at 1-800-514-0301 (voice) 800-514-0383 (TDD), or Ric Edwards at (317) 233-6988.

CROCKPOTS IN INFANT/TODDLER ROOMS

Is Yours in a Safe Place?

Many child care centers and registered child care ministries are using crockpots in their infant/toddler rooms to heat formula and milk. This is approved as long as they are stored and used correctly. One child in Indiana and another in Florida have received severe burns from crockpots because they were not being used in a safe manner. The child in Indiana pulled on the cord, which was accessible from his crib. The crockpot in Florida was being used on top of a refrigerator which was next to the child's crib. The crockpot was accidentally knocked over and the hot water fell on the child.

The following procedure must be followed when using a crockpot in child care rooms:

1. Store in a safe place. Cribs, high chairs, changing tables must be a safe distance from the crockpot.
2. The electrical cord must not be accessible to children.
3. Use the low heat setting on the crockpot.
4. Keep the crockpot clean.
5. If furniture and equipment are moved, make sure that the crockpot is in a safe location.

Remember crockpots or heavy items stored on top of freestanding cabinets or refrigerators may "creep" to the edge and fall after several openings and closings of the cabinet/ refrigerator door!

CRIBS

(From Consumer Reports, May 1993)

Though nearly all cribs on the market today are safe, cribs are associated with more children's deaths than any other nursery product. Older cribs prior to Federal standards are largely to blame.

Mandatory safety standards for safe cribs were issued by the government in 1973. The rules specify that:

1. The distance between the crib's slats must be no more than 2 3/8 inches (too narrow for a baby's body to slip through).
2. To keep an infant from falling out, the top of a lowered dropside must be a least nine inches above the mattress support at its highest setting. To keep an older baby safe, the top of the raised dropside must be at least 26 inches above the support at the lowest position.
3. A dropside must be next to impossible for an active older baby to activate. Releasing the dropside must take either a strong force (at least 10 pounds) or two distinct actions at each locking device.
4. The crib interior must snugly accommodate the mattress so there's no gap between mattress and crib to trap a baby's body or head.

Voluntary safeguards are also followed by most leading manufacturers. The top of the corners must be flush with the top of the end panels. Mattress support hangers must be firmly secured to brackets on the side and end panels, so the mattress does not trap a baby between the mattress and side.

Cribs made before 1973, when government safety regulations took effect are likely to pose hazards, but newer cribs that are in poor maintenance can also be risky. Some hazards to look for and avoid:

- Avoid a crib with loose, broken, or missing slats, or slats spaced more than 2 3/8 inches apart.
- Make sure the end panels extend below the mattress support in its lowest position, so a child can't get caught in a gap between panel and mattress.
- A lowered dropside should be at least nine inches above the mattress support at its highest setting, so an infant can't fall out. The top of the raised side should be at least 26 inches above the support at its lowest setting.
- Avoid a crib with a dropside that can be released too easily or that can be opened with only a single motion for each lock.
- The mattress should fit snugly into the crib. If you can fit two fingers between mattress and sides, the mattress is too small (or the crib is too large).
- Mattress-support hooks should stay firmly in their brackets when the mattress is jostled about, as when you're changing sheets.
- Push, pull and shake the crib by its end panels and sides to gauge the integrity of hardware and components.
- Cribs made before 1978 and especially those made before 1970 may be coated with a finish that contains lead — a toxic hazard to children, who will chew on anything.

HEAD LICE

When children come together after summer vacation, centers often find some cases of head lice (Pediculosis). The best way to control this very contagious condition is to be aware of the signs and take care of the problem immediately.

STOP & LOOK!

Be suspicious of a child who is frequently scratching his/her head. Persistent itching may be the first sign of a louse infestation. Inspect the hair for a live louse or whitish nits attached to the hair shaft. Look near the nape of the neck and behind the ears (favorite hiding places for lice). There may also be a bumpy red rash on nape of neck. Do your inspections in bright light or sunlight - lice and nits are difficult to see.

ACT FAST!

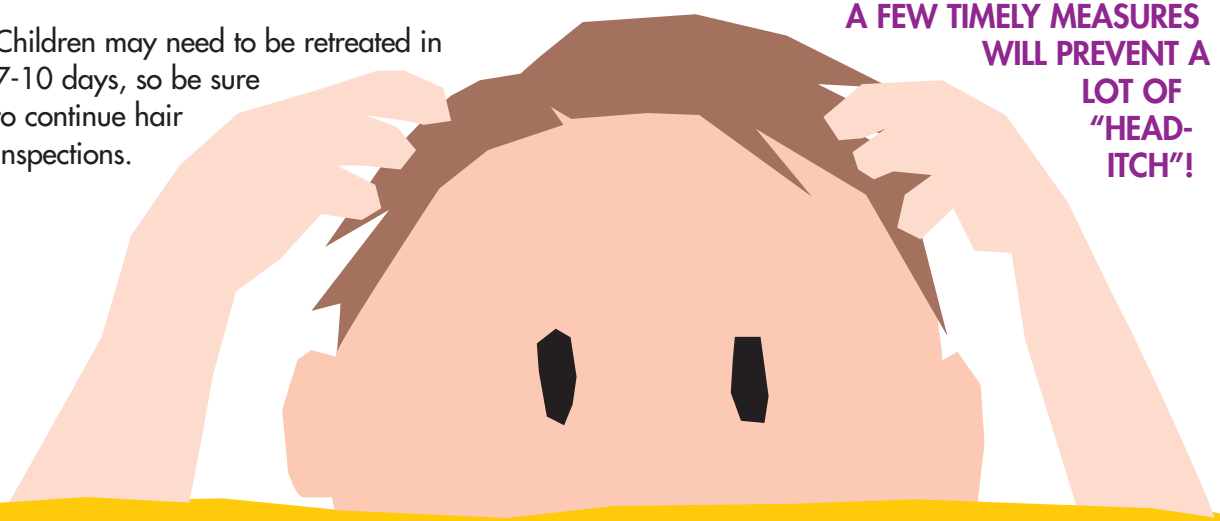
Exclude child until the morning after treatment with lice shampoo. Encourage parents to remove most nits with a fine tooth comb.

Children may need to be retreated in 7-10 days, so be sure to continue hair inspections.

PREVENT SPREAD!

1. Notify parents to inspect hair and watch for signs of lice.
2. Contact county health nurse for assistance.
3. Check children daily upon entry and exclude children with lice or nits.
4. Vacuum carpets and upholstered furnishings.
5. Wash all dress-up clothing and put away until outbreak is controlled.
6. Keep children's coats, hats, scarves and blankets separate - not touching.
7. Never use common combs and hair items.
8. Plan activities that do not require children to put heads close together.
9. Remind parents to check all family members and treat if necessary. Wash all clothing and bedding which have been in contact with infected people. Dry in dryer on high heat for 20 minutes.
10. Items which cannot be washed or vacuumed can be sealed in plastic bag for 10 days to rid them of lice.

A FEW TIMELY MEASURES WILL PREVENT A LOT OF "HEAD-ITCH"!



An alternative treatment from the "Child Health Alert, Volume 17, November 1999)"

The following is included for your information and may be an alternative method for dealing with lice when other treatments have failed.

A "STYLISH" APPROACH TO HEAD LICE

Head lice continue to be a frustrating problem, and getting rid of them has become even more difficult in the last few years because many lice have developed resistance to the medications that are commonly applied to children's hair. Many parents have searched for alternative approaches that would be both effective and safe for children. Instead of poisoning lice with medications, some have suggested simply smothering them, and to do this people have recommended applying petroleum jelly (Vaseline and other brands) to the child's hair, covering the hair with a shower cap overnight, and removing the Vaseline the next day. Of course the problem with this approach is removing the Vaseline! Other products, such as mayonnaise, may also work, but Dr. D.M. Elston of Brooke Army Medical Center, Fort Sam Houston, Texas, recommends putting Dippity Do styling gel on the child's hair and covering it overnight with a shower cap; he says it works well, and because it is water soluble, it rinses out easily.

(Pediatric News, September, 1999).

RECIPE CORNER

Dish: HAM LOAF with Pineapple Slices

Serves: 12, approx. 3oz.ea. or 24, approx. 1 1/2oz. ea.

Ingredients:

1 20-oz. can sliced pineapple, drained, reserve juice
3 1/2 pounds ham, ground
3 Eggs
2 Cups fresh bread crumbs
1/2 Cup finely chopped celery
1/2 Cup milk
2 Teaspoons dry mustard
1/8 teaspoon pepper
2 Tablespoon light brown sugar
1 Tablespoon cornstarch
1 teaspoon margarine

Directions:

About two hrs. before serving: Preheat oven to 350°. Drain pineapple. Reserve juice for sauce. In large bowl, mix ham, eggs, bread crumbs, celery, milk, dry mustard, and pepper. Sprinkle bottom of each 10"x5" loaf pan with 1 Tablespoon brown sugar. Line bottom and sides of pans with pineapple slices. Divide ham mixture into loaf pans, lightly packing it around pineapple. Bake 1 1/4 hrs. Prepare sauce: In 1qt. saucepan, blend juice and cornstarch until smooth; cook over medium heat, stirring constantly, until mixture is thickened, stir in margarine until blended. Makes 1 cup.

Dish: Scalloped Potatoes w/Cheese Serves: 50 - 1/4cup ea.

From the kitchen of: Mary Helen Kealing, A Kid's Place

Ingredients:

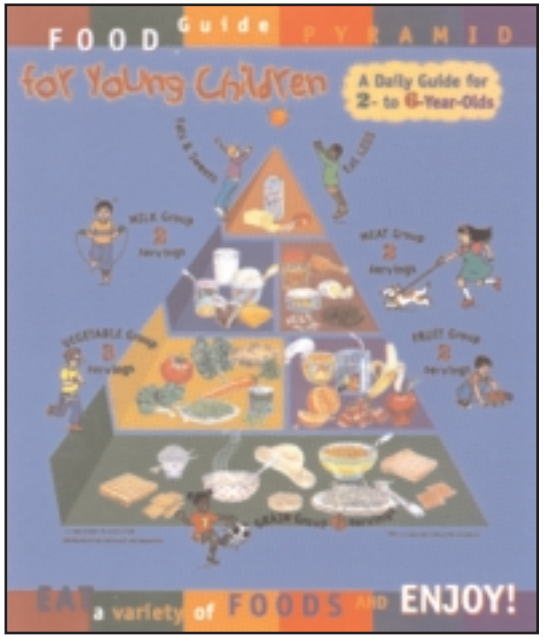
50 Medium-sized potatoes
Salt
Pepper
1 1/2 Cup butter
2 Pounds cheese
1 1/2 Quarts Evaporated milk
2 quarts boiling water

Directions:

Boil potatoes in jackets until almost done. Remove skins and dice potatoes. Arrange in a buttered baking dish, alternating layers of cheese and potatoes. Sprinkle with salt, pepper, bits of butter and grated cheese. Add water. Bake in a moderate oven (350°) until brown, then reduce heat to a slow oven (325°) and cook until potatoes are tender. Yield: 50 servings at 1/4 cup each.

A GUIDE TO THE FOOD PYRAMID FOR CHILDREN— AND A FREE POSTER

In its efforts to encourage children to develop healthy eating habits, the U.S. Department of Agriculture (USDA) has issued a new food guide pyramid for children ages 2 to 6 years. It is modeled after the food pyramid developed seven years ago for adults, and arranges foods according to how much of each should be eaten. Thus, the grain group is at the base (suggested 6 servings a day of such foods as bread, cooked rice or pasta, or cooked or ready-to-eat cereal), with vegetables and fruits on the next level (3 servings of each per day), then milk and meat products (2 servings of each), and at the top of the pyramid are fats and sweets, with the advice to "eat less" of them! The USDA is making the new and colorful poster available to parents and other care-givers through its web site (http://www.usda.gov/cnpp) or through a toll-free telephone line: 800/687-2258.



Reprinted from Child Health Alert, P.O. Box 610228, Newton Highlands, MA 02461.

FAMILY STYLE DINING

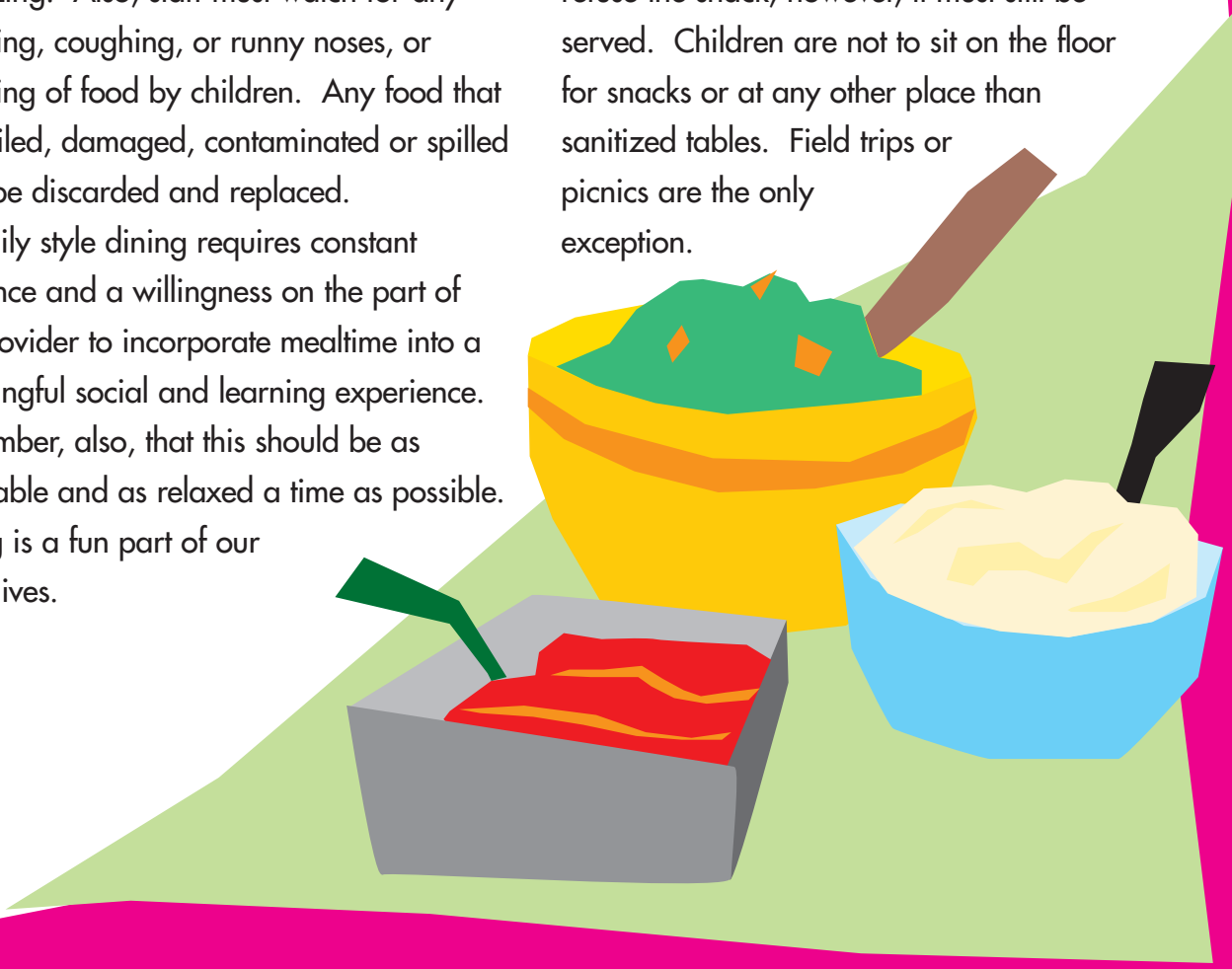
Family style dining has been on the horizon for several years. Now that more Indiana centers are being accredited by the National Academy of Early Childhood Programs and other accrediting agencies, various levels of child participation in their mealtimes are being implemented.

Family style dining means that the children are actively involved in serving their own food. There are variations in the methods used. With younger children, the teacher should sit down and serve the food from containers on the table as you would in a family setting. For older children, the prepared food is put into serving bowls and passed around the table to each child. Portion sizes are controlled by measured serving utensils, and each child is required to take the proper portion of each food item. Whether the child eats or not is his/her choice. Sometimes encouragement is needed.

Family style dining requires a good deal of supervision from the teacher. Utensils must be provided and used for serving food. Staff may need to gently guide each child and watch for those children who may have dexterity problems or difficulty using serving utensils. Even more important, staff must be diligent in observing hand washing and table sanitizing. Also, staff must watch for any sneezing, coughing, or runny noses, or handling of food by children. Any food that is spoiled, damaged, contaminated or spilled must be discarded and replaced.

Family style dining requires constant vigilance and a willingness on the part of the provider to incorporate mealtime into a meaningful social and learning experience. Remember, also, that this should be as enjoyable and as relaxed a time as possible. Eating is a fun part of our daily lives.

A Word About Snack Times. Under Indiana Child Care regulations, children must receive two snacks per day. Children are required to wash their hands, tables must be sanitized, and children must sit down at these tables to eat. The child's choice may be to refuse the snack; however, it must still be served. Children are not to sit on the floor for snacks or at any other place than sanitized tables. Field trips or picnics are the only exception.



FOOD STORAGE GUIDELINES

Ever wonder how long you can keep specific food frozen or just in the refrigerator? The following list is a guideline to use when considering food storage. If you are still unsure or need additional information, please don't hesitate to call Gary Rogers at 317/233-5412 or Ken Hudson at 317/232-4254.

LENGTH OF TIME FOODS CAN BE KEPT WITHOUT APPRECIABLE LOSS OF QUALITY

Food	Months in Freezer	Days in Refrigerator
BREAD & ROLLS		
White Bread	3	3 to 4
Cinnamon Rolls	2	3 to 4
Cornbread	3 to 4	3 to 4
Muffins	3 to 4	3 to 4
Nut Bread	3 to 4	3 to 4
Rolls, plain	3	3 to 4
CAKES		
Angel	2	3 to 4
Chiffon	2	3 to 4
Chocolate Layer	4	3 to 4
Fruit	12	3 to 4
Pound	6	3 to 4
Yellow	6	3 to 4
COOKIES		
Unbaked	6	2 to 3
Baked	6 to 8	**
PANCAKES, WAFFLES	1 to 2	2
PASTRIES		
Coffeecake	3 to 4	3 to 4
Danish	3	3 to 4
Doughnuts	3	3 to 4
PIES (unbaked)		
Apple	8	**
Blueberry	8	**
Blackberry	8	**
Boysenberry	8	**
Cherry	8	**
Chiffon (baked)	0.5	**
Mince	6 to 8	**
Peach	8	**
Pumpkin	1	1 to2
Raspberry	8	**
Strawberry	8	**
DAIRY PRODUCTS		
Butter	6	14
Cheese		
Cottage	4 to 6	3 to 5
Hard	6 to 8	indef.
Soft, spreads	*	14
Cream		
Unwhipped	3 to 4	3 to 5
Whipped	1	3 to 5

Food	Months in Freezer	Days in Refrigerator
Desserts		
Ice Cream	1	3
Sherbert	1	3
Eggs		
Whites	12	1
Whole, yolks	9	7
Milk		
Cond., evap.	*	3 to 5
Whole	*	3 to 5
FRUIT		
Apples	8 to 12	7
Apricots	8 to 12	3 to 5
Avocados	8 to 12	3 to 5
Berries	12	1 to 2
Cherries	12	1 to 2
Grapes	8 to 12	3 to 5
Grapefruit	0	7
Lemons	0	7
Nectarines	8 to 12	3 to 5
Oranges	0	7
Peaches	12	3 to 5
Pears	8 to 12	3 to 5
Plums	8 to 12	3 to 5
FRUIT JUICES		
Apple	12	5 to 7
Grape	12	5 to 7
Orange	12	5 to 7
MEATS		
Beef		
Hamburger	3	2
Minute Steaks	3	2
Roasts	12	3 to 5
Steaks	12	3 to 5
Cold Cuts	*	3 to 5
Lamb		
Chops	4	3 to 5
Patties	4	2
Roasts	12	3 to 5
Leftovers		
Meat Dishes	1	1 to 2
Gravies, broth	2	1 to 2
Pork		
Cured or Smoked		
Ham (whole)	2	7
Ham (slices or halves)	2	3 to 5
Frankfurters	0.5	5

Food	Months in Freezer	Days in Refrigerator
Bacon	0.5	7
Bologna	1	5
Sausage	2	5 to 7
Fresh		
Chops	4	3 to 5
Roasts	8	3 to 5
Sausage	2	3 to 5
Variety Meats (liver, heart, tongue, etc.)	3 to 4	2
Veal		
Cutlets, chops	6	3 to 5
Roasts	8	3 to 5
FISH & SHELLFISH (COOKED)		
Fried Dinner	3	1 to 2
Fish Sticks, scallops shrimp	3	1 to 2
Shrimp Creole		
With Cheese Sauce Or Lemon Butter	3	1 to 2
FISH (FRESH)		
Fillets of cod, flounder,haddock, halibut, pollack	4	1 to 3
Mullet, ocean perch, sea trout, striped bass	3	1 to 2
Salmon steaks, mackerel, swordfish	2	1 to 2
Whiting, drawn	4	1 to 4
SHELLFISH		
Clams (Shucked)	3	1 to 2
Crabmeat	2	1 to 2
Lobster	3	1 to 2
Oysters (Shucked)	1	1 to 2
Scallops (Shucked)	3	1 to 2
Shrimp	4	1 to 2
POULTRY		
Chicken		
Cut up	9	1 to 2
Livers	3	1 to 2
Whole	12	1 to 2
Duck		
Whole	6	1 to 2

Food	Months in Freezer	Days in Refrigerator
Goose		
Whole	6	1 to 2
Turkey		
Cut up	6	1 to 2
Whole	12	1 to 2
Chicken & Turkey (Cooked)		
Dinners w/Gravy	6	1 to 2
Pies	12	1 to 2
Fried	4	1 to 2
VEGETABLES		
Asparagus	5	1 to 2
Beans, green	5	3 to 5
Beans, lima	5	1 to 2 in pods uncovered
Beets	4	7 to 14
Cabbage	*	7 to 14
Carrots	5	7 to 14 remove tops
Cauliflower	5	3 to 5
Celery	*	3 to 5
Corn	5	1 to 2 uncovered & unhusked
Cucumbers	*	3 to 5
Greens, spinach, kale, collards, chard, beets, turnip, mustard	10	1 to 2
Lettuce & Salad Greens	*	1 to 2
Mushrooms	*	1 to 2
Onions, green	*	1 to 2
Peas	8	1 to 2 in pods uncovered
Peppers	*	3 to 5
Radishes	*	7 to 14 remove tops
Tomatoes, Ripe	*	3 uncovered

* Indicates Those Food Items That Cannot Be Frozen

** Indicates Those Food Items That Cannot Be Refrigerated

*** Canned Foods Can Be Kept No Longer than 2 Years After Manufacturing Date

BACK BY POPULAR DEMAND:
FEEDING YOUNG CHILDREN SEMINAR
Year 2000 Dates Are Set

See registration page below to sign up.
It may be copied or torn out and submitted or faxed to 317/232-4436.

"FEEDING YOUNG CHILDREN" SEMINAR

Dear Applicant:

The seminar, "Feeding Young Children" will include childhood nutrition, menu skills, eating behaviors, snack ideas, and state regulations. The afternoon will be devoted to kitchen sanitation and safe food handling.

To register for one of the following dates, please fill out the application below and return it to Child Care Health Unit, ATTN: Rosalie Diamond, R.D. There will be a recipe exchange during the day. You are asked to bring 50 copies of one of your favorite recipes. It must be for quantity cooking. If you have any questions, please call 317/233-5414.

TRAINING WILL BE HELD AT THE TRAINING CENTER - ROOM W141
Indiana Government Center South, 402 West Washington Street, Indianapolis, IN 46204

REGISTRATION AT 9:30 A.M., EST
TRAINING 10:00 A.M. - 3:30 P.M., EST

January 12, 2000 April 11, 2000 July 12, 2000 October 11, 2000

COMPLETE, DETACH & RETURN THIS PORTION TO: Child Care Health Unit, Division of Family and Children, 402 West Washington Street, Room W386, Indianapolis, IN 46204, ATTN: Rosalie Diamond, R.D. or Fax to 317/232-4436.

Name of Facility_____

Address_____City_____State____Zip Code_____

County_____Phone Number_____

Type of Facility (CIRCLE ONE): Licensed Child Care Center / Registered Child Care Ministry / Group Home / Child Caring Institution / Private Secure Facility

Due to limited space, only two (2) persons per facility should attend.

Persons Attending: Name_____Title_____

Name_____Title_____

Training Date You Will Be Attending:_____

This form must be received one week prior to requested training date.
You will be notified ONLY if training spaces are filled and you must select another date.

CERTIFIED PLAYGROUND INSPECTORS

On November 16-18, 1999, five of the Child Care Licensing consultants participated in the National Parks and Recreation Association's training to become Certified Playground Safety Inspectors. Those participating were Beth Kumfer, JoAnne Miller, Robert Mills, Debbie Sampson and Gaelyn Todaro. They were in classes for two days and then were given an exam on the third day. Part of the class time was spent out at actual playgrounds inspecting the equipment and ground cover. The consultants came back very excited about their knowledge and will be inspecting your playgrounds for safety according to the Consumer Product Safety Commission's Guidelines for Public Playground Safety. We will all be working to make our playgrounds safer for the children in our care and to reduce injuries.

WEST ED INFANT/TODDLER TRAINERS

The Division of Family and Children recently sponsored WEST ED Infant/Toddler training for 75 early childhood professionals from around the state. If you are interested in Infant/Toddler training, please contact IACCRR at 1-800-299-1627 for the name of the trainer closest to you.

Q & As
FROM THE REFEREE

Q: Why do handwashing sinks and kitchen cabinets in the kitchen have to be sealed to the wall?

A: Handwashing sinks must be sealed to the wall to prevent a cleaning and maintenance problem in the future. If the sinks aren't sealed, water and soap can splash behind the sink causing water damage to the wall and potential mold and bacteria growth. Sealing the sink to the wall with smooth caulking will enable cleaning and prevent potential mold and bacteria growth. Caulking must be smoothly applied to enable proper cleaning and maintenance.

Kitchen cabinets must be sealed to the wall in kitchens with caulk that is smoothly applied to prevent food particles and other substances from getting behind the cabinets which will create a cleaning problem and a location for insects.

Q: Why aren't antibacterial gels and cleaners acceptable for handwashing?

A: Antibacterial sanitizers may work by killing bacteria, but the object of handwashing is to remove bacteria and soil from the skin. Soap and running water do the best job. Soap to make dirt slippery and running water to remove the bacteria, soil and contaminants. There is no substitute for adequate handwashing to prevent the spread of disease.

UPCOMING DATES

"FEEDING YOUNG CHILDREN" SEMINAR:

(see form inside)

(for child care centers, ministries and institutions/ group homes)

January 12, April 14, July 12, October 11, 2000

Indiana Government Center South - Training Center,
Rm. W141
317-232-4433 Fax 317-232-4436

NEW APPLICANT TRAINING:

(for proposed child care centers, registered ministries, group homes and child care institutions)

January 5, February 2, March 1, April 5, May 3, June 7, July 5, August 2, September 6, October 4, November 1, December 5, 2000

Indiana Government Center South - Training Center,
Rm. W141
1-877-511-1144